

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 05/05/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER

-	-			ER, AND THE CERTIFICATE HOL								
			is being prepar	ed for a party who has an insural	ble inte		perty, do not use	this	form. Use ACORD	27 or AC	ORD 28.	
	DUCE					CONTACT NAME:						
Name of Insurance Broker / Agent Street Address						PHONE						
												CUSTOMER ID #:
						City ST ZIP INSURED						INSURER(S) AFFORDING COVERAGE
						INSURER A: Name of Insurance Company						
Named Insured: Contractor, Standing Order Contractor						INSURER B:						
(SC-6.21, SC-6.23, SC-6.4), Design/Build Entity (SC-8.0)						INSURER C:						
Street Address						INSURER D : INSURER E :						
City				ST ZIP		INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
				ROPERTY (Attach ACORD 101, Additional R	Remarks S	chedule, if more sp	ace is required)					
			and Proje	ect Title:								
		Address										
IN CI	DIC/ ERTI	ATED. NOTWI	ITHSTANDING A BE ISSUED OR	LICIES OF INSURANCE LISTED BEL NY REQUIREMENT, TERM OR CON MAY PERTAIN, THE INSURANCE A SUCH POLICIES. LIMITS SHOWN MA	NDITION AFFORD	OF ANY CONT ED BY THE PO	RACT OR OTHER DLICIES DESCRIBE	DO D F	CUMENT WITH RESPE	ECT TO W	HICH THIS	
INSR LTR	TYPE OF INSURANCE			POLICY NUMBER		TE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	L	IMITS	
		PROPERTY					,		BUILDING	\$		
	CAL	JSES OF LOSS	DEDUCTIBLES						PERSONAL PROPERTY	\$,	
		BASIC	BUILDING						BUSINESS INCOME	\$		
		BROAD	CONTENTS						EXTRA EXPENSE	\$,	
		SPECIAL					3		RENTAL VALUE	\$		
		EARTHQUAKE							BLANKET BUILDING	\$		
		WND			-				BLANKET PERS PROP	\$		
		FLOOD							BLANKET BLDG & PP	\$		
			, ·							\$		
				, , , , , , , , , , , , , , , , , , , ,						\$		
A	X INLAND MARINE CAUSES OF LOSS NAMED PERILS			TYPE OF POLICY		MM/DD/YY	MM/DD/YY	×	Completed Value	\$ Show L	_imit	
				Builder's Risk				×	Deductible	\$ Show Deductible		
				POLICY NUMBER				×	Flood/Earthquake	\$ Show I	_imit	
	X Special Form		r	POLICY#				×	Off-Prem Storage	\$ Show Limit		
	CRIME TYPE OF POLICY BOILER & MACHINERY / EQUIPMENT BREAKDOWN								,	\$		
										\$		
				,						\$		
									, , ,	\$		
										\$		
							*		,	\$		
000		CONDITIONS	UED OOLED: 325	(A#h ACOPD 424 A LIVI						\$		
The	Reg	ents of the Ur	niversity of Color	Attach ACORD 101, Additional Remarks Schrado, a Body Corporate, are named s as required in contract								
CEI	RTIF	ICATE HOLI	DER		CANCELLATION							
						- r to t w landaria / ()						
Univ	ersi	ty of Colorado				EXPIRATION D	ATE THEREOF, NOTION		RIBED POLICIES BE CAI WILL BE DELIVERED IN A			
Offic	e of	University Ris	sk Management			POLICY PROVI	SIONS.					
1800) Gr	ant Street, Sui	ite 700									
	Denver CO 80203						AUTHORIZED REPRESENTATIVE					